



U.S. Department of State

**ALLOTMENT OF PAY/PRIOR SERVICE CREDIT APPLICATION AND  
AUTHORIZATION TO MAKE, CHANGE, OR DISCONTINUE**

1. U.S. Department or Agency <b>USAIA</b>		2. Bureau or Service <b>AFRICA</b>		3. Retirement System <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> FSR <input type="checkbox"/> FSPS	
4. Name of Allotter (Last, First, MI.) <b>ATUL JOSEPH</b>			5. Employee or Social Security Number <b>000322673</b>		
6. Duty Station <b>ABUJA</b>		(City) <b>ABUJA</b>		(Country) <b>NGERIA</b>	
7. NATURE OF ACTION REQUESTED <input type="checkbox"/> FS Prior Service Credit <input type="checkbox"/> CS Prior Service Credit <input checked="" type="checkbox"/> Allotment of Pay <input type="checkbox"/> Emergency Evacuation Allotment					
Allotment Each Pay Period <b>#20,000</b>		From: <b>#0.00</b>		To: <b>#20,000.00</b>	
Type of Depositor Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Saving					
Name and Address of Financial Institution <b>AMEEMCA UBA NIG PLC NICON LUXURY ABUJA</b>			Routing/EIN Number		
			Depositor Account Number <b>1024035311</b>		
8. AUTHORIZATION BY ALLOTTER I hereby request and authorize a regular allotment to be <input checked="" type="checkbox"/> made, <input type="checkbox"/> changed, <input type="checkbox"/> discontinued, subject to approval, to be effective as indicated above, until altered by me in writing; or, an emergency evacuation allotment to be effective when countersigned by me, or if absent from the Post at time of evacuation, by the Post Administrative Officer; and I hereby release whatever claim to payment of salary I would otherwise have for the amount of this allotment and I also relinquish all right, privilege, and power to make a further allotment presented by this allotment, once the United States has issued a check payable to the allottee for this allotment.					
A. Signature of Allotter in Full (Sign Original Only) 			Date (mm-dd-yyyy) <b>08/16/2021</b>		
B. Countersigned (Allotter - Administrative Officer)			Date (mm-dd-yyyy)		
9. ADMINISTRATIVE ACTION					
Appropriation				Date (mm-dd-yyyy)	
10. APPROVED, RECORDED, AND FORWARDED					
A. Title of Officer Responsible for Preparation of Payroll		B. Signature of Officer Responsible for Preparation of Payroll (Type Name and Sign all Copies)		Date (mm-dd-yyyy)	
WARNING: Disclose to Authorized Persons Only (22 CFR 171.32J(4)) Contains Information Protected by the PRIVACY ACT OF 1974					